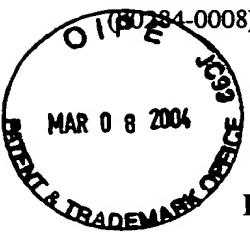


WEN-0008



PATENT APPLICATION *FF/B*

RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3739

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Takua NAKAMURA et al.

Examiner: A. M. Farah

Application No.: 09/964,449

Art Unit: 3739

Filed: September 28, 2001

Confirmation No.: 1688

For: CORNEAL SURGERY APPARATUS AND CORRECTION DATA DETERMINING
METHODS

AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)

MS AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

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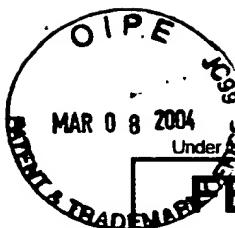
INTRODUCTORY COMMENTS

In response to the Office Action dated September 8, 2003 (Paper No. 6), finally rejecting claims 1-10, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Do not enter Please *FF/B* 3/29/04



MAR 08 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fee Transmittal for FY 2004

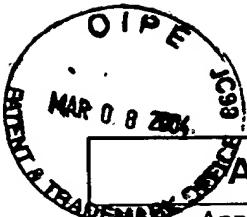
Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 1,280.00)**Complete if Known**

Application Number	09/964,449
Filing Date	September 28, 2001
First Named Inventor	Takua Nakamura
Examiner Name	A. M. Farah
Art Unit	3739
Attorney Docket No.	WEN-0008

METHOD OF PAYMENT (check all that apply)		FEES CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 18-0013					
Deposit Account Name Rader, Fishman & Grauer PLLC					
The Director is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEES CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1) (\$ 0.00)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
		Extra Fee from Claims below	Fee Paid		
Total Claims 10	-20** =				
Independent Claims 3	-3** =				
Multiple Dependent					
Large Entity	Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 0.00)					
** or number previously paid, if greater; For Reissues, see above					
(Complete if applicable)					
Name (Print/Type)	Ronald P. Kananen Shawn B. Cage	Registration No. (Attorney/Agent)	24,104 51,522	Telephone	(703) 955-3750
Signature				Date	March 8, 2004

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**AMENDMENT TRANSMITTAL LETTER**Docket No.
WEN-0008Application No.
09/964,449Filing Date
September 28, 2001Examiner
A. M. FarahArt Unit
3739

Applicant(s): Takua NAKAMURA et al.

Invention: CORNEAL SURGERY APPARATUS AND CORRECTION DATA DETERMINING METHODS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Notice of Appeal Petition for Extension of Time					330.00 950.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,280.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 18-0013 in the amount of \$ 1,280.00.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 18-0013
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Dated: March 8, 2004

Ronald P. Kananen
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